## CITY OF STOCKTON RISK SERVICES REQUEST/AUTHORIZATION FOR PROTECTIVE FOOTWEAR

(Name of Employee) (Please Print Clearly)	(Job Title/Department)
When the City of Stockton <u>requires</u> an employee to wear safety protective footwear, the boots/shoes shall be provided by the City of Stockton in accordance with the Safety Protective Footwear Policy (HR-34) which specifies that the footwear standards of ANSI Z41-1999, be met.	
Authorization to purchase new [ ] or to replace [ ] damaged/worn-out safety protective footwear is approved. Damaged or worn-out protective footwear has been examined by the immediate supervisor and verified that said footwear requires replacement. Photos of damaged safety protective footwear will be provided with the protective footwear request.	
(DATE) (SUPERV	SOR SIGNATURE REQUIRED)
The City of Stockton has designated the "RED WING SHOE STORE", 6032 Pacific Ave and "WORK WORLD SHOE STORE" in Weberstown Mall, as the suppliers for safety protective footwear. <b>Employees must present this form and proper identification to the salesperson.</b> The employee will receive one copy to keep for their records. Refunds are not allowed. However, exchanges for a different shoe will be considered by the store personnel.	
<ul> <li>[ ] Mid-Management / Supervisory Level Unit</li> <li>[ ] Trades and Maintenance Unit</li> <li>[ ] Operations and Maintenance Unit</li> <li>[ ] Water Supervisory Unit</li> <li>[ ] Stockton City Employees' Association (SCE)</li> </ul>	\$200.00 \$200.00 \$200.00
EMPLOYEE SIGNATURE	DATE:
DEPARTMENT HEAD/DESIGNEE APPROVAL	DATE:
RISK SERVICES – RISK MANAGER AUTHORIZATION	DATE:

This authorization is VOID if modified or not used within 30 days